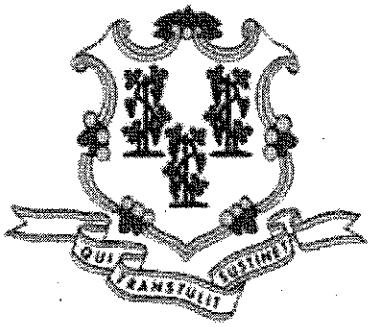
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

ALLOCATION PLAN

FEDERAL FISCAL YEAR 2014

Departments of Mental Health and Addiction Services and Children and Families



August 20, 2013

STATE OF CONNECTICUT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT
FFY 2014 ALLOCATION PLAN
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I. Overview of the Mental Health Block Grant

A. Purpose

The United States Department of Health and Human Services (DHHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), manages the Community Mental Health Services (CMHS) Block Grant. The Connecticut Department of Mental Health and Addiction Services (DMHAS) is designated as the principal state agency for the allocation and administration of the CMHS Block Grant within the State of Connecticut.

The CMHS Block Grant is designed to provide grants to states to carry out a state's mental health plan, to evaluate programs, and to plan, administer and educate on matters related to providing services under the plan. Funds can be used for grants to community mental health centers for services for adults with serious mental illnesses (SMI), and children with serious emotional disturbances (SED) and their families. Services for identifiable populations, which are currently underserved, and coordination of mental health and health care services within health care centers are also eligible.

The Community Mental Health Services Block Grant is developed within the context of Federal Public Law 102-321:

> *To provide for the establishment and implementation of an organized community-based system of care for individuals with serious mental illnesses and children with serious emotional disturbance.*

The major purpose of the CMHS Block Grant is to support the above mission through the allocation of Block Grant funds for the provision of mental health services.

B. Major Use of Funds

The Block Grant supports grants to local community-based mental health agencies throughout the state. Services that are eligible for CMHS Block Grant funds are as follows:

- Services principally to individuals residing in a defined geographic area, for example, regions and districts designated as service areas
- Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility
- Twenty-four hour emergency care services
- Day treatment or other partial hospitalization services or psychosocial rehabilitation services
- Screening for individuals being considered for admission to state mental health facilities to determine the appropriateness of such an admission

Additionally, Block Grant funds may be used in accordance with the identification of need and the availability of funds for:

- Services for individuals with SMI including identification of such individuals and assistance to such individuals in gaining access to essential services through the assignment of case managers
- Identification and assessment of children and adolescents with SED and provision of appropriate services to such individuals
- Identification and assessment of persons who are within specified diagnostic groups including:
    - Persons with traumatic brain injury or other organic brain syndromes
    - Geriatric patients with SMI
    - Persons with concomitant mental illness and mental retardation
    - Persons with mental illness who are HIV+ or living with AIDS

The CMHS Block Grant requires states to set aside a certain proportion of funds, based on Federal Fiscal Year (FFY) 2008 CMHS Block Grant expenditures, for serving children with SED. Historically, Connecticut has allocated 30% of the appropriated Block Grant funds to the Department of Children and Families (DCF) for this purpose. This percent of funds exceeds the federal requirement.

The CMHS Block Grant also requires states to maintain expenditures for community mental health services at a level that is not less than the average level of such expenditures for the 2-year period preceding the fiscal year for which the state is applying for the Block Grant.

There are a number of activities or services that may **not** be supported with CMHS Block Grant funds. These include: 1) to provide inpatient services; 2) cash payments to intended recipients of health services; or 3) purchase or improvement of land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

Bi-annual Application Process:

Beginning with the FFY 2012 CMHS Block Grant application, SAMHSA restructured the process to be a two-year cycle. In the first year (such as FFY 2014) states are to develop a full application that speaks to the overall needs, service gaps, and priorities, including performance measures. In the second year (FFY 2015), only budget information is required to explain the intended use of the annual appropriation.

Target Population: Adult Mental Health Services

The CMHS Block Grant is intended to serve adults (age 18 and older) with SMI, young adults transitioning out of the children's mental health system who have major mental illnesses and who will enter the adult mental health system, individuals at risk of hospitalization, individuals who have a serious mental illness or serious mental illness with a co-occurring substance use disorder who are homeless, or at risk of homelessness, and individuals who are indigent, including those who are medically indigent.

Major Use of Funds:

DMHAS is responsible for the administration of the adult mental health component of the CMHS Block Grant. The FFY 2014 CMHS Block Grant funds will be allocated to community-based mental health providers across the state. Funding is provided to these agencies to support the Department's goal of reducing the incidence and prevalence of adult mental health disorders and preventing unnecessary admissions to and residence in institutions. The CMHS Block Grant supports the state's efforts at developing a system of community-oriented, cost-effective mental health services that allow persons to be served in the least restrictive, most appropriate settings available. Services funded by the CMHS Block Grant are:

- Emergency/Crisis
- Outpatient/Intensive Outpatient
- Residential Services
- Case Management
- Social Rehabilitation
- Family Education/Training
- Parenting Support/Parental Rights
- Consumer Peer Support Services in Community Mental Health Provider Settings
- Consumer Peer to Peer Support for Vocational Rehabilitation
- Administration of Regional Mental Health Planning Boards
- Outreach and Engagement of Young Adults

Target Population: Children Mental Health Services

The CMHS Block Grant is intended to serve children, birth to age 18, with SED who are at risk of being, or have already been, separated from their family and/or community for the primary purpose of receiving mental health or related services.

Major Use of Funds:

DCF is responsible for the administration of the children's mental health component of the CMHS Block Grant. The FFY 2014 CMHS Block Grant funds will be allocated for community-based mental health service provision and mental health transformation activities in Connecticut for children and their families. Funding is provided to support DCF's goal of reducing the incidence and prevalence of children's mental health disorders and aiding in the Department's efforts to positively transform the delivery of behavioral health care for children and their families. Services proposed for funding by the CMHS Block Grant during FFY 2014 are:

- Respite Services
- Family Advocate Services
- Youth Suicide Prevention & Mental Health Promotion
- CT Community KidCare (System of Care) – Workforce Development/Training and Culturally Competent Care
- Extended Day Treatment: Model Development and Training
- Trauma-Focused Cognitive Behavior Therapy – Sustainability Activities
- Outpatient Care – System and Treatment Improvement
- Best Practices Promotion and Program Evaluation

- Workforce Development: Higher Education In-Home Curriculum Project
- Other CT Community KidCare Activities to facilitate broader, diversified consumer and family participation in overall system planning, delivery, and oversight

C. Federal Allotment Process

The allotment of the CMHS Block Grant to states is determined by three factors: the Population at Risk, the Cost of Services Index, and the Fiscal Capacity Index. The Population at Risk represents the relative risk of mental health problems in a state. The Cost of Services Index represents the relative cost of providing mental health treatment services in a state. The Fiscal Capacity Index represents the relative ability of the state to pay for mental health related services. The product of these factors establishes the need for a given state.

D. Estimated Federal Funding

The proposed FFY 2014 CMHS Block Grant Allocation Plan for Connecticut is based on estimated FFY 2014 federal funding of **$4,215,125** and may be subject to change when the final federal appropriation is authorized. The allocation plan is based on Connecticut's final FFY 2013 CMHS Block Grant award.

In the event that the anticipated funding is reduced, DMHAS and DCF will review, in consultation with the State Behavioral Health Planning Council, the criticality and performance of these programs. Based on the review, reductions in the allocation would be assessed so as to prioritize those programs deemed most critical to the public. In the event that funding is increased or decreased, DMHAS and DCF will review the priorities provided by the State Behavioral Health Planning Council and make appropriate allocation adjustments.

E. Total Available and Estimated Expenditure

Adult Mental Health Services: The total CMHS Block Grant funds available for expenditure in FFY 2014 is estimated to be: **$3,180,184** including the estimated federal adult portion of the FFY 2014 CMHS Block Grant allotment of **$2,950,587** and DMHAS carry over fund of **$229,597**.

Children Mental Health Services: Total CMHS Block Grant funds available for expenditure in FFY 2014 is estimated to be **$1,992,018** including the estimated children's portion of the FFY 2014 CMHS Block Grant allotment of **$1,264,538** and the estimated DCF carry over amount of **$727,480**.

F. Proposed Allocation Changes from Last Year

Adult Mental Health Services:

The entire Block Grant expenditure plan is intended to maintain and enhance the overall capacity of the adult mental health service system. Consistent emphasis is placed on emergency crisis, case management, residential supports and outpatient/intensive

outpatient services aimed at providing the basis for a sustained recovery in the community. Additionally, CMHS Block Grant funds are used to promote service system improvements in identified key areas such as peer-to-peer supports, transitioning youth, and mental health public awareness and education.

The Allocation Plan only represents a portion of DMHAS spending for mental health services. Most of the programs which are funded with federal Block Grant dollars also receive state funding. There is no increase or decrease in the federal funding of these mental health services. Any increase or decrease is only the result of changes in funding allocation between the CMHS block grant (reflected in the allocation plan) and state funds (not reflected in the allocation plan).

Children's Mental Health Services:

The CMHS Block Grant will continue to be used to enhance services and support activities to facilitate positive outcomes for children with complex behavioral health needs and their families, and to support efforts to transform mental health care in the state. The family-based services and multi-year initiatives will continue to be funded at similar levels. These include: Respite Services; Family Advocate Services; Youth Suicide Prevention and Mental Health Promotion; CT Community KidCare (System of Care) - Workforce Development/Training; Trauma-Focused Cognitive Behavior Therapy (TF-CBT) – Sustainability Activities; Outpatient Care: System Treatment and Improvement; Workforce Development: Higher Education In-Home Curriculum Project; and Other CT Community KidCare.

There are two changes this year. The allocation plan for Extended Day Treatment (EDT): Model Development and Training has been decreased from the FFY 2013 level due to the availability of "no cost" training resources from SAMHSA's National Center for Trauma-Informed Care. The CMHS Block Grant portion of funds for EDT will be utilized to assure sustainability of existing model components including Life is Good therapeutic activity groups, trauma-focused interventions and the EDT Annual Conference. A new category, Best Practices Promotion and Program Evaluation has been added. A vendor will be selected to evaluate the current scope and configuration of the children's behavioral health system to identify strengths and weaknesses, as well as areas of unmet need. A plan will be developed to enhance the system by upgrading practitioner skills, implementing new best practice informed services, and strengthening coordination among providers of behavioral health services.

G. Contingency Plan

This allocation plan was prepared under the assumption that the FFY 2014 CMHS Block Grant for Connecticut will be funded at the level of **$4,215,125** and may be subject to change. Should a reduction occur in the FFY 2014 CMHS Block Grant award, a review of the programmatic utilization and service system needs would be undertaken. Based on that review, reductions in the funding would be assessed so as to protect the most critical and high-use programs. Any increases in funding will ensure that the current level of obligations can be maintained. Currently, CMHS Block Grant obligations depend in part on funding carried forward from previous years. Funding increases will first be used to sustain the level of services currently procured via the

annual, ongoing award. If there were an increase beyond that needed to maintain current services, the State Behavioral Health Planning Council would be consulted on the proposed use of those resources.

H. State Allocation Planning Process

Adult Mental Health Services:

The process of developing an Allocation Plan for the adult portion of the FFY 2014 CMHS Block Grant is based on DMHAS' regional and statewide advisory structure. This advisory structure consists of five Regional Mental Health Boards (RMHBs) and 23 Catchment Area Councils (CACs). The RMHBs are statutorily responsible for determining regional service priorities, evaluating existing services relative to service priorities, and finally, for making funding recommendations to the DMHAS Commissioner. As required by federal regulation, the Adult State Behavioral Health Planning Council (ASBHPC) reviews and comments on the draft CMHS State Plan and Application. The Council's membership consists of representatives from each of the five RMHBs, members of the Mental Health and Addiction Services State Board, advocacy organizations, consumers and families, as well as mental health providers and state agencies.

DMHAS is committed to supporting a comprehensive, unified planning process across its operated and funded mental health and addiction services at local, regional and state levels. The purpose of this planning process is to develop an integrated and ongoing method to: 1) determine unmet mental health and substance abuse treatment and prevention needs; 2) gain broad stakeholder input on service priorities and needs, including persons in recovery, consumers, advocates, family members, providers and others; and 3) monitor ongoing efforts that result in better decision-making, service delivery, and policy making.

DMHAS' priority setting initiative, designed to engage and draw upon the existing and extensive planning, advisory, and advocacy structures across the state, was launched in December 2001. Fundamental to this process are Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) that are statutorily charged to determine local and regional needs and service gaps. Both of these entities, working collaboratively, facilitate a process in each of the five DMHAS service regions to assess the priority unmet service and recovery support needs across the mental health and addiction services systems. Since inception, DMHAS has conducted its priority setting process six times (in even numbered years), the most recent being 2012. The 2012 report can be viewed at http://www.ct.gov/dmhas/lib/dmhas/eqmi/priorityservices.pdf. RMHBs and RACs provide "updates" in the intervening years to inform DMHAS of progress made in addressing the identified unmet needs and to alert the department to any emerging issues.

Since 2004, key informant constituency groups (consumers and persons in recovery, family members, providers, referral agencies such as shelters and criminal justice representatives, and local professionals) have participated in the survey through a questionnaire which has been modernized over time into a statewide web-based application. In addition, the RACs and RMHBs have utilized DMHAS service data, local

analysis of unmet need (e.g. United Way) and other planning documents as part of the local needs assessment. This process results in Regional Priority Reports across the behavioral health continuum. These reports are presented to DMHAS staff at regional meetings, providing an opportunity for dialogue between the department and regional stakeholders. From the regional reports, a synthesized statewide priority report is created that examines cross regional priorities and solutions. The statewide report is shared and discussed with the Adult Behavioral Health Planning Council, the Mental Health and Addiction Services State Board, and the Commissioner's Executive Group. DMHAS uses this report, along with other strategic documents, in its biennial budget development process.

In 2012, findings from the key informant surveys were shared with local/regional stakeholders (including consumers and family members) at focus groups, community forums or other venues. These discussions provided an opportunity to obtain additional and clarifying information on the service needs as identified through the survey as well as ones not identified. The following is a summary of preliminary findings regarding priority need areas:

Service System Access and Navigation

Consumers, family members and providers found navigating and accessing the service system to be a challenge. Criteria for eligibility seemed unclear as was knowing where to access the system. Those who tried dialing 211 for assistance reported it to be often busy requiring long waits and when they did get through for referrals, the places they were referred to either weren't accepting new clients or also had long wait lists. The most difficult behavioral health services to access were Young Adult Services (YAS) inpatient and community teams, acute and sub-acute inpatient, 24-hour respite, co-occurring residential and Assertive Community Teams. Many times, the Emergency Departments (EDs) become the default entry point for persons with behavioral health conditions, where long waits are endemic and ED staff fare no better than others at making referrals.

Those surveyed felt that inpatient behavioral health treatment was not only difficult to access, but that stays in general hospitals were trending shorter. Every region cited a shortage of respite beds which resulted in increased re-hospitalization and inappropriate ED visits. This was compounded by lengthy waits post-inpatient to access step-down outpatient care. Waiting lists for outpatient services ranged from 2 – 6 weeks as reported by those surveyed. Sometimes there was a wait for an initial assessment followed by a subsequent wait for a medication appointment. Similarly, there are outpatient clinics that now require an orientation before the initial assessment, further delaying the process. Interim services are needed to fill the gap for those waiting between inpatient and outpatient, including peer support, medication management, and service coordination.

Age Appropriate Services/Special Populations

Services, including support services, for young adults with behavioral health concerns were viewed as limited across all regions. These young adults are often reluctant to participate in recovery programs or social clubs designed for adults older than

themselves and with whom they don't readily connect. This lack of connection to a program can hinder the young adults' ability to gain vocational and educational services that they frequently want. The young adults were identified as lacking basic life skills necessary for independent living. With the housing challenges they face, they are at risk for homelessness and could benefit from outreach to address this concern.

As the population ages, there are more older adults with medical complications in addition to their behavioral health issues. There are limited services available for older adults who often struggle with isolation and substance abuse issues at the same time they lack family support and assistance with coordinating services. Senior Centers and Adult Day Care Centers aren't necessarily welcoming of those with SMI and/or medical complications. Like the young adult population with behavioral health issues, older adults are also at risk for homelessness and poverty.

Inmates with behavioral health issues, especially those with unplanned releases from incarceration or court, can be left without entitlements, medications or prescriptions and are reported to often be dropped off at EDs. These individuals may remain several days at the ED while entitlements are secured and frequently end up being admitted to the hospital for behavioral health care once the entitlement is arranged. Alternatively, many of those released without medications or referrals to community services end up in shelters.

Integration of Primary and Behavioral Health Care

The aging behavioral health population is experiencing more medical complications which many behavioral health programs feel ill equipped to manage. For most regions of the state, the integration of primary and behavioral health care is lacking. Clients may not have the necessary entitlements to access primary health care services at the Federally Qualified Health Center (FQHC), or the FQHC may not be providing behavioral health care. Many FQHCs require a medical screening/physical exam prior to accessing behavioral health services. Those surveyed questioned the extent to which FQHCs were collaborating with the behavioral health system and the perceived lack of patience with the behavioral health population. Lack of dental services likewise was identified for this population who typically were only able to access services in the context of a dental emergency.

Child Mental Health Services:

The Department of Children and Families (DCF) is responsible for administering the set-aside for children's mental health services. DCF will allocate the FFY 2014 CMHS Block Grant for the purpose of supporting services and activities that are to benefit children with SED and complex behavioral health needs, and their families. These funds are used to support community-based service provision, with a focus on "enhanced access to a more complete and effective system of community-based behavioral health services and supports, and to improve individual outcomes". [1]

[1] *Developing an Integrated System for Financing and Delivering Public Behavioral Health Services for Children and Adults in Connecticut: A Report to the Connecticut General Assembly Pursuant to Public Act 01-2 JSS (Section 49) and Public Act 01-8 JSS.*

Allocations and the service plan for the CMHS Block Grant are based upon input from and recommendations of the Children's Behavioral Health Advisory Committee (CBHAC). This committee serves as the Children's Mental Health Planning Council (CMHPC) for Connecticut. Representation on this council/committee includes at least 51% parents of children with SED, other state agencies, community providers, DCF regional personnel and advocacy groups. In addition, one of the co-chairs for the CBHAC must be a parent of a child with SED.

Contracted community services for children and youth are regularly reviewed and monitored by DCF through data collection, site visits and provider meetings to ensure the provision of effective, child and family-centered culturally competent care. The behavioral health information system, known as the Programs and Services Data Collection and Reporting System (PSDCRS), is used to collect monthly data. At a minimum, regular reports are generated using these data to review utilization levels and service efficacy.

Competitive procurement processes (e.g., Requests For Proposals (RFP) and Requests For Applications (RFA)) typically include broad participation from DCF staff, parents of children with SED and other community members. This diversity of personnel supports multiple perspectives being represented to inform service award and final contracting. In particular, this multidisciplinary review process insures that the proposed program includes, but is not limited to, the following:

1. The services to be provided are clearly described and conform to the components and expectations set forth in the procurement instrument (e.g., RFP) and include, as pertinent, active membership in the System of Care Community Collaborative by the applicant agency.
2. The services are appropriate and accessible to the population, and consistent with the needs and objectives of the State Mental Health Plan.
3. The number of clients to be served is indicated, supported by inclusion of relevant community demographic information (e.g., socio-economic, geographic, ethnic, racial and linguistic considerations).
4. The service will be administered in a manner that is cognizant of and responsive to a mechanism for routine reporting of data to DCF.
5. Performance measures and outcomes are typically included with an articulation of a mechanism for routine reporting of data to DCF.

After a submitted application has been selected for funding, a contract detailing the aforementioned is established. Thereafter, the contractor provides program data and fiscal reports/information related to the activities performed in meeting the contract's terms, objectives and service outcomes. Standard provider contract data includes variables pertaining to client demographics, service provision, and outcome values. DCF program managers regularly analyze, distribute and use these data to implement service planning and/or contract renewal or modifications.

Area Office and/or statewide meetings are convened with contractors to monitor service provision, and discuss needed modifications related to service provision. Central Office behavioral health staff is heavily involved in contract monitoring with respect to the department's behavioral health service programming. These efforts include addressing

child-specific treatment planning and systems/resource issues. Central Office staff's contract oversight activities are further enhanced through collaboration with DCF Area Office Regional Administrators, Office Directors, Systems Development and Clinical Support Managers, and Regional Resource Group staff, and the membership of the local System of Care Community Collaboratives.

The above mentioned mechanisms and processes join to provide DCF with a broad and diverse array of stakeholder voices to inform program planning and allocation decisions. Moreover, through the monthly meetings of the CBHAC/CMHPC and quarterly joint meetings with the Adult Mental Health Planning Council, a regular and established forum to obtain community input regarding the children's behavioral health service system is in place.

I. Grant Provisions

The Secretary of DHHS may make a grant under Section 1911 Formula Grants to States if:

- The state involved submits to the Secretary a plan providing comprehensive community mental health services to adults with SMI and to children with SED;
- the plan meets the specified criteria; and
- the Secretary approves the plan.

Other limitations on funding allocation include:

- A state may use no more than 5 percent of the grant for administrative costs.
- For FFY 2008, not less than 10 percent of the CMHS Block Grant was to be used to increase funding for systems of integrated services for children. For subsequent fiscal years, the state will expend for such systems an amount equal to the amount expended by the State for FFY 2008.
- CMHS Block Grant funds can only be spent for community-based mental health services and not used for inpatient or institutional psychiatric treatment and/or care.

II. Tables

Table A
Community Mental Health Services Block Grant
Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY 12 Expenditure	FFY 13 Estimated Expenditure	FFY 14 Proposed Expenditure	Percentage Change from FFY 13 to FFY 14
Adult Mental Health Services	$2,900,290	$2,999,335	$3,036,546	1%
Children's Mental Health Services	$1,097,834	$1,457,022	$1,925,995	32%
TOTAL	**$3,998,124**	**$4,456,357**	**$4,962,541**	**11%**
SOURCE OF FUNDS				
Block Grant	$4,464,764	$4,215,125	$4,215,125	0%
Carry Forward From Previous Year	$731,669	$1,198,309	$957,077	-20%
TOTAL FUNDS AVAILABLE	**$5,196,433**	**$5,413,434**	**$5,172,202**	**-5%**

TABLE B1

Community Mental Health Services Block Grant
PROGRAM EXPENDITURES – ADULT SERVICES

Title of Program Category: **Adult Mental Health Services**	**FFY 12 Expenditure**	**FFY 13 Estimated Expenditure**	**FFY 14 Proposed Expenditure**	**Percentage change from FFY 13 to FFY14**
Number of Positions (FTE)*				
Personal Services*				
Fringe Benefits*				
Other Expenses*				
Equipment*				
Contracts*				
DMHAS Grants to: DMHAS Funded Private Agencies				
Emergency Crisis	$1,543,143	$1,541,694	$1,541,694	0%
Outpatient Services	$635,577	$637,079	$637,079	0%
Residential Services/Supported Housing	$108,504	$108,917	$108,917	0%
Social Rehabilitation	$146,657	$146,191	$146,191	0%
Case Management	$140,617	$140,617	$140,617	0%
Family Education Training	$67,576	$67,576	$67,576	0%
Consumer Peer Support in Psychiatric Outpatient General Hospital	$104,648	$104,648	$104,648	0%
Parenting Support/Parental Rights	$52,324	$52,324	$52,324	0%
Consumer Peer Support – Vocational Rehab.	$52,324	$51,369	$52,324	2%
Regional Mental Health Boards	$48,920	$48,920	$48,920	0%
Outreach and Engagement of Young Adults	$0	$100,000	$136,256	36%
TOTAL EXPENDITURES	**$2,900,290**	**$2,999,335**	**$3,036,546**	**1%**
	Sources of FFY12 Allocations	**Sources of FFY 13 Allocations**	**Sources of FFY 14 Allocations**	**Percentage change FFY 13 to FFY 14**
Carry Forward Funds	**$53,300**	**$278,345**	**$229,597**	**-18%**
Federal Block Grant Funds	**$3,125,335**	**$2,950,587**	**$2,950,587**	**0%**
TOTAL FUNDS AVAILABLE	**$3,178,635**	**$3,228,932**	**$3,180,184**	**-2%**

* Not able to identify these amounts specific to the Block Grant Funds since all funded programs receive state dollars as well as other income, as necessary, to cover all costs associated with the program. The Block Grant dollars do not fund any programs exclusively.

Table B2
Community Mental Health Services Block Grant
Program Expenditures – Children's Services

Insert Title of Program Category	FFY 12 Expenditure	FFY 13 Estimated Expenditure	FFY 14 Proposed Expenditure	Percentage Change from FFY 13 to FFY 14
Number of Positions (FTE)*				
Personal Services*				
Fringe Benefits*				
Other Expenses*				
Equipment*				
Contracts*				
DCF Grants to: DCF Funded Private Agencies				
Respite for Families	410,556	364,947	425,995	17%
Family Advocate Services	467,300	467,300	467,300	0%
Youth Suicide Prevention/ Mental Health Promotion	33,679	50,000	50,000	0%
CT Community KidCare (System of Care) Workforce Development/Training & Culturally Competent Care	65,000	65,000	65,000	0%
Extended Day Treatment: Model Development and Training	35,197	40,000	40,000	0%
Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities	77,159	160,536	161,000	0%
Mental Health/Juvenile Justice Diversion	0	1,596	0	-100%
Outpatient Care: System Treatment and Improvement	0	62,643	485,042	674%
Best Practices Promotion and Program Evaluation	6,262	0	136,658	100%
Outcomes: Performance Improvement and Results-Based Accountability	800	150,000	0	-100%
Workforce Development: Higher Education In-Home Curriculum Project		75,000	75,000	0%
Other Connecticut Community KidCare	5,078	20,000	20,000	0%
TOTAL EXPENDITURES	**1,101,031**	**1,457,022**	**1,925,995**	**32%**
Refund Checks	**(3,197)**	**0**	**0**	**0**
TOTAL NET EXPENDITURES	**1,097,834**	**1,457,022**	**1,925,995**	**32%**
	Sources of FFY 12 Allocations	**Sources of FFY 13 Allocations**	**Sources of FFY 14 Allocations**	**Percentage Change from FFY 13 to FFY 14**
Children Carry Over Funds	678,369	919,964	727,480	-21%
Children Federal Block Grant Funds	1,339,429	1,264,538	1,264,538	0%
TOTAL SOURCES OF FUNDS	**2,017,798**	**2,184,502**	**1,992,018**	**-9%**

* Not able to identify specific amounts to the BG Funds since all funded programs receive state dollars as well as other income, not exclusively Block Grant funds

Table C
Community Mental Health Services Block Grant
Summary of Service Objectives and Activities

Service Category: Emergency Crisis		
Objective: To provide concentrated interventions to treat a rapidly deteriorating behavioral health condition, reduce the risk of harm to self or others, stabilize psychiatric symptoms, or behavioral and situational problems, and wherever possible to avert the need for hospitalization.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
The program activities include assessment and evaluation, diagnosis, hospital prescreening, medication evaluation, and referral for continuing care if needed. Funds eight community agencies.	**4171**	1) Number of unduplicated clients served = 4,171 2) Percent evaluated within 1.5 hours of request for services = 74% (goal = 75%)
Service Category: Outpatient/Intensive Outpatient Services		
Objective: A program in which mental health professionals evaluate, diagnose, and treat individuals with serious psychiatric disabilities or families in regularly scheduled therapy visits and non-scheduled visits. Services may include psychological testing, long-term therapy, short-term therapy, group therapy or medication visits.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Services are provided in regularly scheduled sessions and include individual, group, family therapy, and psychiatric evaluation and medication management. Funds four community agencies.	**5431**	1) Number of unduplicated clients served = 5,431 2) Percent of clients completing treatment = 54% (goal = 50%) 3) Percent of clients with maintained or improved functioning as measured by GAF scores = 55% (goal = 75%)
Service Category: Supported Residential and Supportive Housing Services		
Objective: To foster the development of long-term solutions to the housing and service needs of families and individuals, coping with psychiatric disabilities.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Services consist of transitional and/or permanent housing subsidies with funding for supportive services. Funds one community agency.	**114**	1) Number of unduplicated clients served = 114 2) Percent of clients in stable living situation = 90% (goal = 85%)

Service Category: Social Rehabilitation		
Objective: To provide a long-term supportive, flexible therapeutic milieu to enhance a range of activities including daily living skills, interpersonal skill building, life management skills, and pre-vocational skills (temporary, transitional, or volunteer work assignments)		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
The program provides a range of therapeutic activities including diagnosis, individual or group therapy, rehabilitative services and access to psychiatric, medical, and laboratory services when appropriate. Funds one community agency.	**267**	1) Number of unduplicated clients served = 267
Service Category: Case Management		
Objective: To assist persons with severe and persistent mental illness, through community outreach, to obtain necessary clinical, medical, social, educational, rehabilitative, and vocational or other services in order to achieve optimal quality of life and community living.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Services may include intake and assessment, individual service planning and supports, intensive case management services, counseling, medication monitoring and evaluation. Services are intensive and range from less frequency and duration to daily assistance. Funds four community agencies.	**411**	1) Number of unduplicated clients served = 411 2) Percent participating in social support services = 90% (goal = 60%)
Service Category: Family Education and Training		
Objective: To provide information about mental illness, treatment, support services and methods of accessing services for families of those afflicted with severe biological brain disorders.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Conduct a 12-week Family to Family (FTF) course teaching about mental illness, its treatment, coping skills and family-based self-help; Conduct a 10-week Providers Education Program teaching mental health education and consumer, provider, and family	**259** FTF attendees (unduplicated)	1) Number of active family member support groups = 34 2) Average number of calls to the WarmLine = 50/month

collaboration; Coordinate support groups; outreach and recruitment activities. Funds one advocacy community agency.	**54** participants (unduplicated)	
Service Category: Consumer Peer Support/Advocate in Community Mental Health Providers		
Objective: To improve the quality of services and interactions experienced by individuals with psychiatric disabilities who seek crisis or outpatient treatment using trained consumers on-call peer advocates as liaisons.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Assist individuals in understanding providers' policies and procedures; assure that individuals' rights are respected, assist with addressing family and staff. Funds one community agency.	**37**	1) Number of unduplicated individuals served (peers and interns) = 37 2) Number of peer placement sites = 16
Service Category: Parenting Support/Parental Rights		
Objective: To maximize opportunities for parents with psychiatric disabilities to protect their parental rights, establish and/or maintain custody of their children, and sustain recovery.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Services include early intervention assessments, support services, mentoring, preparation of temporary guardianship forms, and legal assistance. Funds one community agency.	**20**	1) Number of unduplicated individuals served = 20 2) Percent participating in social support services = 90% (goal = 60%)
Service Category: Consumer Peer Support – Vocational		
Objective: To provide consumer-driven vocational support services for individuals with psychiatric disabilities. Through the use of trained mentors, provide opportunities that will result in: 1) the development and pursuit of vocational goals consistent with the individual's recovery; 2) assist with finding, obtaining, and maintaining stable employment; and 3) the experience of an environment of understanding and respect, in which the individual is supported in their recovery.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
These supports will foster peer-to-peer (consumer-to-consumer) assistance to transition individuals with	**39**	1) Number of unduplicated individuals served = 39 2) Percent of clients employed = 63% (goal = 35%)

psychiatric disabilities toward stable employment and economic self-sufficiency. Funds two community agencies.		
Service Category: Regional Mental Health Boards (RMHBs)		
Objective: To support grass roots community participation and input on service needs identification, quality and enhancement of the service delivery system and promote effective, efficient and consumer responsive service functions through the RMHBs to the Adult State Behavioral Health Planning Council (ASBHPC). The ASBHPC is mandated to oversee the CMHS PP BG by federal law and has delegated these responsibilities to the RMHBs.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Fund RMHBs for identifying needs, monitoring the quality of services, conducting formal evaluations, and special studies, which identify service gaps and deficiencies for CMHS BG mandated ASBHPC.	**NA**	NA
Service Category: Respite for Families		
Objective: To provide temporary care in the home or community to children and adolescents with emotional and/or behavioral special needs, which supports relief to their caregivers. Such care is intended to maintain these children and youth in their homes and communities, and provide opportunities for age appropriate social and recreational activities.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF provides funds to six (6) community agencies for the provision of respite services for children and youth with complex behavioral health needs.	**172** children served, representing **147** families	1) Percent of families and caregivers reporting a decrease in parenting stress = 82% (goal = 80%)
Service Category: Family Advocate Services		
Objective: To support meaningful family involvement in the children's behavioral health system through a statewide family advocacy organization.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF provides funds to a consortium of diverse family	**5,248** families	1) Percent of families reporting a decrease in

advocacy organizations to support service and system development.		parenting stress = 83% (goal = 80%) 2) Number of families recruited to actively participate in the behavioral health system of care = 316 (goal = 300)
Service Category: Youth Suicide Prevention & Mental Health Promotion		
Objective: To promote programs, activities and strategies that prevent youth suicide and enhance positive mental health in children/youth.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF provides funds utilized by the CT Suicide Advisory Board and the department's Prevention Unit to contract for services and training related to youth suicide prevention and mental health promotion.	**Prevention materials distributed**: mall ads: 12 wks theaters: 8 wks billboards: 4 PSAs: -store audio:175 - for military, and - Spanish language brochures	NA
Service Category: System of Care Workforce Development and Training & Culturally Competent Care		
Objective: To enhance the provision of effective, child and family-focused, strength-based, culturally competent community-based service provision through the System of Care approach.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF contracts with universities, community providers, and consultants; and purchases assessment assistance and/or evaluation tools/materials to support the provision of community-based care for children with behavioral health needs.	**1,181** families served	1) Percent of participants reporting positively on training evaluations = 83% (goal = 80%)
Service Category: Extended Day Treatment: Model Development and Training		

Objective: To support the development of a statewide, standardized, multi-faceted model of care to provide behavioral health treatment and rehabilitative supports for children and adolescents who experience a range of complex psychiatric disorders, and their families.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF contracts with specialty vendors to deliver expert training and other supports such as trauma-focused clinical interventions, evidence-based family engagement protocols, and therapeutic recreation interventions to support the delivery of effective treatments for children with behavioral health needs and their families.	**1,065** children, adolescents and caregivers	1) Percent of families meeting treatment goals = 63% (goal = 60%)
Service Category: Trauma-Focused Cognitive Behavior Therapy Sustainability Activities		
Objective: To assure that traumatized children and their families receive specialized care to meet their needs, by supporting dissemination of an evidence-based treatment, Trauma-Focused Cognitive Behavior Therapy (TF-CBT), at sixteen (16) outpatient psychiatric clinics for children.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF contracts with the Connecticut Center for Effective Practice to provide training, consultation and data collection and reporting for two (2) child guidance clinics that deliver TF-CBT.	**977** children received TF-CBT **10,858** sessions provided.	1) Percent decrease in PTSD symptoms on Child Report Measure = 43% (goal = 40%) 2) Percent decrease in depressive symptoms on Child Report Measure = 55% (goal = 50%)
Service Category: Mental Health – Juvenile Justice Diversion		
Objective: To prevent children and adolescents from entering the Juvenile Justice (JJ) system by supporting schools in intervening earlier and more effectively with children/adolescents who exhibit mental health problems.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
A joint DCF/Court Support Services Division (CSSD) initiative, a toolkit that summarizes best practices developed by other schools and the planning necessary	Distributed to Connecticut School Districts	1) Percent of school districts receiving toolkit electronically = 100%. 300 hard copies also printed for 153 school districts.

to implement activities is being developed and disseminated electronically to every school district in the state. Alternatives to arrests and entering the JJ system are highlights.		
Service Category: Outpatient Care: System Treatment and Improvement Initiative		
Objective: To improve the mental health, well-being and functioning of children with serious emotional disturbance and their caregivers by sustaining and expanding availability of and access to evidence-based interventions and treatments at outpatient clinics.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF contracts with the Child Health and Development Institute to serve as the Coordinating Center to disseminate and sustain evidence-based treatments, such as Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct Disorders (MATCH-ADTC).	**22,209** children and youth	1) Implement a MATCH-ADTC project = delayed until SFY 13 due to legal issues and change in vendor
Service Category: Best Practices Promotion & Program Evaluation		
Objective: To support consultation and technical assistance to identify best practices for specific populations and to evaluate existing models and services to improve the community-based service system.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Activities include education and training to support the needs of special populations, such as the True Colors Best Practice Conference for working with the Gay/Lesbian/Bisexual community.	NA	NA
Service Category: Outcomes: Performance Improvement and Results-Based Accountability		
Objective: To monitor the effectiveness of community-based services and programs.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF contracts with an information systems vendor	**NA**	1) Create statewide dashboard reporting capacity =

(KJMB) to provide user-friendly data dashboards to track system, provider & child/family outcomes, and with another vendor (Chestnut Health Systems) to provide a comprehensive evidence-based screening tool (GAIN Short Form) for youth, ages 12 – 18, to more fully identify treatment needs.		completed and scheduled for release in October 2013 (PSDCRS)
Service Category: Workforce Development: Higher Education In-Home Curriculum Project		
Objective: To promote the development of a more informed and skilled workforce who have interest and solid preparation to enter positions within evidence-based in-home treatment programs.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
DCF contracts with Wheeler Clinic to expand the pool of faculty and programs credentialed to teach evidence-based and promising practice models of in-home treatment by training university faculty to deliver the curriculum.	**5** new faculty trained; **4** faculty replacements trained; **93** students received Certificates of Completion	1) Number of students earning certificates of completion = 93 (goal = 85)
Service Category: Other Connecticut Community KidCare		
Objective: To support participation by families and stakeholders in the System of Care including the Children's Behavioral Health Advisory Committee (CBHAC). This is a means to facilitate broader constituent involvement in planning activities related to the provision of children's mental health services in Connecticut.		
Grantor/Agency Activity	**Number Served – FFY 12**	**Performance Measures**
Funding is made available to assist with the functioning and charge of the CBHAC, covering modest ancillary costs (e.g., coffee and light refreshments, meeting space for special events, etc.)	The CBHAC consists of **32** members, with regular attendance from members of the public	NA

III. Allocations by Program Category

For Adult Mental Health Services from DMHAS
Community Mental Health Performance Partnership Block Grant
List of Block Grant Funded Programs
FFY 12 Actual, FFY 13 Estimated and FFY 14 Proposed Expenditures

Emergency Crisis	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Emergency Crisis	$1,543,143	$1,541,694	$1,541,694
TOTAL	**$1,543,143**	**$1,541,694**	**$1,541,694**
Outpatient Services	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Outpatient Services	$635,577	$637,079	$637,079
TOTAL	**$635,577**	**$637,079**	**$637,079**
Residential and Supportive Housing Services	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Residential and Supportive Housing Services	$108,504	$108,917	$108,917
TOTAL	**$108,504**	**$108,917**	**$108,917**
Case Management Services	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Case Management Services	$140,617	$140,617	$140,617
TOTAL	**$140,617**	**$140,617**	**$140,617**
Social Rehabilitation	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Social Rehabilitation	$146,657	$146,191	$146,191
TOTAL	**$146,657**	**$146,191**	**$146,191**
Family Education Training	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**

Family Education Training	$67,576	$67,576	$67,576
TOTAL	**$67,576**	**$67,576**	**$67,576**
Consumer Peer Support in Psychiatric Outpatient General Hospital	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Consumer Peer Support in Psychiatric Outpatient General Hospital	$104,648	$104,648	$104,648
TOTAL	**$104,648**	**$104,648**	**$104,648**
Parenting Support / Parental Rights	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Parenting Support / Parental Rights	$52,324	$52,324	$52,324
TOTAL	**$52,324**	**$52,324**	**$52,324**
Consumer Peer Support - Vocational	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Consumer Peer Support – Vocational	$52,324	$51,369	$52,324
TOTAL	**$52,324**	**$51,369**	**$52,324**
Regional Mental Health Boards	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Regional Mental Health Boards	$48,920	$48,920	$48,920
TOTAL	**$48,920**	**$48,920**	**$48,920**
Outreach and Engagement of Young Adults	**FFY 12 Actual Expenditures (including carry forward**	**FFY 13 Estimated Expenditures (including carry forward funds)**	**FFY 14 PROPOSED Expenditures (including carry forward funds)**
Outreach and Engagement of Young Adults	$0	$100,000	$136,256
TOTAL	**$0**	**$100,000**	**$136,256**

For Children's Mental Health Services from DCF
Community Mental Health Block Grant
List of Block Grant Funded Programs – FFY 2013 Estimated Expenditures
And FFY 2014 Proposed Expenditures

Respite Programs	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Home-Based Respite Care	$410,556	$364,947	$425,995
TOTAL	**$410,556**	**$364,947**	**$425,995**
Family Advocacy Services	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
System Development and Direct Family Advocacy	$467,300	$467,300	$467,300
TOTAL	**$467,300**	**$467,3000**	**$467,300**
Youth Suicide Prevention & Mental Health Promotion	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Training and Community Outreach and Services	$33,679	$50,000	$50,000
TOTAL	**$33,679**	**$50,000**	**$50,000**
System of Care (CT KidCare)	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Workforce development and training including focus on competent multicultural services for the system of care.	$65,000	$65,000	$65,000
TOTAL	**$65,000**	**$65,000**	**$65,000**
Extended Day Treatment: Model Development & Training	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Model development and training	$35,197	$40,000	$40,000
TOTAL	**$35,197**	**$40,000**	**$40,000**
Trauma Training	**FFY 12 Actual Expenditures (including carry**	**FFY 13 Estimated Expenditures (including carry**	**FFY 14 PROPOSED Expenditures**

	over funds)	over funds)	(including carry over funds)
Trauma-Focused Cognitive Behavior Therapy - Sustainability Activities	$77,159	$160,536	$161,000
TOTAL	**$77,159**	**$160,536**	**$161,000**
Juvenile Justice Diversion	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Mental Health/Juvenile Justice Diversion	0	$1,596	0
TOTAL	**0**	**$1,596**	**0**

Outpatient Care	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
System Treatment and Improvement	0	$ 62,643	$485,042
TOTAL	**0**	**$62,643**	**$485,042**
Quality of Care	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Best Practices Promotion and Program Evaluation	$6,262	$0	$136,658
TOTAL	**$6,262**	**$0**	**$136,658**
Behavioral Health Outcomes	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Performance Improvement and Results-Based Accountability	$800	$150,000	$0
TOTAL	**$800**	**$150,000**	**$0**
Workforce Development	**FFY 12 Actual Expenditures (including carry over funds)**	**FFY 13 Estimated Expenditures (including carry over funds)**	**FFY 14 PROPOSED Expenditures (including carry over funds)**
Higher Education In-Home Curriculum Project	0	$75,000	$75,000
TOTAL	**0**	**$75,000**	**$75,000**

Other CT Community KidCare Activities	FFY 12 Actual Expenditures (including carry over funds)	FFY 13 Estimated Expenditures (including carry over funds)	FFY 14 PROPOSED Expenditures (including carry over funds)
Activities and related support to achieve the full participation of consumers and families in the system of care, including CBHAC	$5,078	$20,000	$20,000
TOTAL	**$5,078**	**$20,000**	**$20,000**